

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150056		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/28/2011	
NAME OF PROVIDER OR SUPPLIER  INDIANA UNIVERSITY HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N SENATE BLVD INDIANAPOLIS, IN46206			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	<p>This visit was for a state licensure complaint survey.</p> <p>Complaint Number: IN00085681, Unsubstantiated and one unrelated citation</p> <p>Survey Date: 6-2-11, 6-27 -11 - 6-28-11</p> <p>Facility Number: 005051</p> <p>Survey Team: Jack I. Cohen, MHA Medical Surveyor</p> <p>QA: cloughlin 07/19/11</p>			S0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S0418	<p>410 IAC 15-1.4-2(b)(1)(2)</p> <p>(b) The hospital shall take appropriate action to address the opportunities for improvement found through the quality assessment and improvement program as follows:</p> <p>(1) The action shall be documented.</p> <p>(2) The outcome of the action shall be documented as to its effectiveness, continued follow-up and impact on patient care.</p> <p>Based on document review and interview, the facility failed to document an appropriate action to address an opportunity for improvement found through its quality assessment and improvement (QAPI) program.</p> <p>Findings:</p> <p>1. Review of a document entitled Inspection Graph Summary by Area Indiana University Health ARAMARK (quality checks for housekeeping department in the ED), indicated the Average Score for University Hospital IU (Indiana University) - Emergency Department for April, [20]11 was 72.5% and for May, [20]11 was 70.5%.</p> <p>2. On 6-28-11 at 2:50 pm, upon interview, Employee #A5 indicated the above document was a part of the hospital's QAPI program and the</p>			S0418	<p>Preparation and execution of this response and plan of correction do not constitute an admission or agreement by the IU Health University Hospital Emergency Department of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of state and federal law.</p> <p><b>Credible Allegation of Compliance and Correction:</b> For the purpose of any allegation that IU Health University Hospital Emergency Department is not in substantial compliance with the regulations set forth, this plan of correction constitutes IU Health University Hospital Emergency Department's</p>		08/31/2011

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	minimum standard was 85%.  3. On 6-28-11 at 2:50 pm, employee #A5 was requested to provide documentation of appropriate action taken to address the above opportunity for improvement and the employee indicated there was no documentation. No documentation was provided prior to exit.				credible allegation of correction and compliance. <b>410 IAC 15-1.4-2 Quality Assessment and Improvement</b> <b>410 IAC 15-1.4-2(b) (1) (2)</b>  <b>Corrective Action(s):</b> IU Health University Hospital Emergency Department Environmental Services reviewed and as necessary revised the Inspection Performance Improvement Plan, the revisions included objective measures for evaluation of effectiveness of environmental services staff cleaning practices on a monthly basis. Additionally, the plan delineates appropriate follow-up if IU Health standards are not consistently met.  <b>Procedure for Implementation:</b> The IU Health University Hospital Emergency Department Environmental Services manager inspection reports will be submitted to IU Health Environmental Services Senior Leadership on a monthly basis.  <b>Education:</b> IU Health University Hospital Emergency Department Environmental Services associates will be educated regarding changes to the above		

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					<p>referenced Inspection Performance Improvement Plan with emphasis regarding expectations to follow policy requirements. Education will be completed on or before August 31, 2011 will immediate implementation. Any requisite staff members who fail to complete the education within the designated timeframe will be prohibited from working until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work. Beginning, August 31, 2011, education regarding the Inspection Performance Improvement Plan expectations will be added to the curriculum for orientation for relevant staff within the IU Health University Hospital Emergency Department Environmental Services area.</p> <p><b>Monitoring:</b> To ensure ongoing compliance, beginning September 1, 2011 IU Health University Hospital</p>		

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					<p>Emergency Department Environmental Services manager will inspect EVS associate's area of responsibility on a monthly basis. Results will be addressed with the associate and corrections are made immediately. The inspection will be documented and a score will be tabulated. If any portion of the associate's cleaning area receives a score lower than Indiana University Health's standards the associate will receive documented coaching. Additionally, follow-up inspections will be conducted weekly until the associate achieves a score that meets or exceeds Indiana University Health's standards. If the associate meets the previously identified standard during the month of increased monitoring then the increased monitoring period ends. If the standard is not achieved for the month then the associate will begin a Performance Improvement Plan.</p> <p><b>Responsible Person(s):</b> The Executive Director of IU Health Environmental Services or her designee will be responsible for ensuring that staff has a clear understanding of what and how services are provided to IU Health University Hospital Emergency Department patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.</p>		